

Table of Contents

State/Territory Name: AZ

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

July 7, 2025

Marcus Johnson, Deputy Director of Community Engagement and Regulatory Affairs
Kristen Challacombe, Deputy Director of Business Operations
Arizona Health Care Cost Containment System
150 N. 18th Ave.
Phoenix, AZ, 85007

RE: TN AZ-25-00022

Dear Deputy Directors Johnson and Challacombe:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arizona (AZ) State Plan Amendment (SPA) to Attachment 4.19-B AZ-25-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 29, 2025. This SPA updates the fee schedule rates for Medicaid-Assisted Treatment (MAT) services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov 844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>250002</u>	2. STATE <u>AZ</u>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 447 <i>1905(a)(29)</i>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY: <u>2025</u> \$ <u>19,700</u> b. FFY: <u>2026</u> \$ <u>38,600</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 5(c)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 5(c)	

9. SUBJECT OF AMENDMENT
Updates the state plan Other Provider Rates, specifically the Medication Assisted Treatment (MAT) rates, effective April 1, 2025.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: OTHER, AS
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY
 RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Kyle Sawyer 801 E. Jefferson St., MD #4200 Phoenix, AZ 85034
12. TYPED NAME Kyle Sawyer	
13. TITLE Assistant Director, Public Policy and Strategic Planning	
14. DATE SUBMITTED: May 29, 2025	

FOR CMS USE ONLY

16. DATE RECEIVED May 29, 2025	17. DATE APPROVED July 7, 2025
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS
6/11/25: State provides concurrence for pen and ink addition to Box 5.

STATE OF ARIZONA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Rate Update:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for other types of care. The agency's fee schedule rates are effective for services provided on or after April 1, 2025. All rates are published at:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>